



Pawanjeet Kour, Varsha Rani

Attitudes of Nurses Towards Pain Management in Geriatric Care

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Abstract

Author(s): Pawanjeet Kour, Varsha Rani
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The management of pain in geriatric care is an issue in the healthcare system because such a type of patients has chronic pain, cognitive impairments and communication problems. This research has studied the attitudes of nurses towards pain management in the geriatric population and has identified systemic challenges that affects effective pain relief practices. This study has used scoping review methodology to systematically analyse 10 selected peer-reviewed articles as well as non-peer-reviewed articles, official reports, blogs, professional healthcare guidelines and websites published between 2014 and 2025. The thematic analysis has been used to present key findings through which two research questions has been addressed. The research questions of this study were to discuss the common attitudes of the nurses towards pain management in elderly patients and the barriers which nurses face to implement the effective pain relief practices.

The results showed that there is a misconception among the nurses related to pain especially for those patients who are non-verbal. The cultural biases, lack of specialised training and underutilisation of standard pain assessment tools contributes to inconsistent pain management practices. The systemic barriers like staff shortages, restrictive opioid policies and less interdisciplinary communication result in inconsistent geriatric care. However, the study also highlighted that nurse-led measures, structured training programs and collaborative care model can improve the overall outcomes. This study highlighted the need for institutional reforms, showed the role of education on geriatric pain and prioritised cost-cutting measures. This research provides valuable information for hospitals, policy makers and future studies to optimise the pain management strategies for the growing geriatric population. The findings have addressed the attitudinal and structural barriers to make sure evidence-based care is provided.

Keywords: Pain management, registered nurse's attitudes, pain management practices, nurses attitudes, geriatric care, pain management techniques, collaborative, attitudinal and structural barriers, older people pain

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1. Introduction

The management of the pain in the geriatric care is an important part of the healthcare area, especially at those old age and nursing homes where the elderly residents live with different chronic conditions, cognitive impairments and less physical strength. Pain is considered as a sensory experience that includes physical, psychological and emotional aspects of a person (Molton and Terrill, 2014). In the geriatric population, the pain is more continuous which may affect the quality of life, has functional limitation and creates emotional distress. The demand for effective pain management strategies have been increasing in the geriatric care setting as the life expectancy has increased in the world. The registered nurses are the primary caregivers who plays an essential role to assess, manage and lighten the pain. Their attitude towards pain management is significantly influenced by the effectiveness of these interventions as well as the overall well-being of the elderly patients (Makris, Abrams, Gurland and Reid, 2014).

It has been seen that pain in the elderly population is different due to the age-related physiological changes, presence of more than one medical condition and the challenges which are associated with the self-reporting pain (Noroozian, Raeesi, Hashemi., Khedmat and Vahabi, 2018). The older adults sometimes do not report their exact level of pain because of the cultural, generational or personal beliefs so due to this underreporting the pain becomes a part of their normal life. This misconception can result into inadequate pain assessment as well as management. The aging process has increased the chances of the conditions like arthritis, osteoporosis, neuropathies and post-stroke syndromes. It has been observed that the chronic pain affects 25-50% of the community-dwelling elders while the percentage reaches 80% for the institutionalized individuals (Dagnino and Campos, 2022). So, the inability of the elderly individuals to express their pain increases the challenges of the accurate pain assessment. The pain in geriatric population is not just a physical issue but has a great impact on the psychological and social dimensions which can lead to reduced mobility, high dependency, sleep disturbances and less social interactions. The untreated pain is associated with the high risks of depression and anxiety which makes the quality of their life poorer. The population of elders with 60-year age will reach over 2 billion by the year 2025, so it is necessary to address their pain (WHO, 2024). So, the aim of this study is to

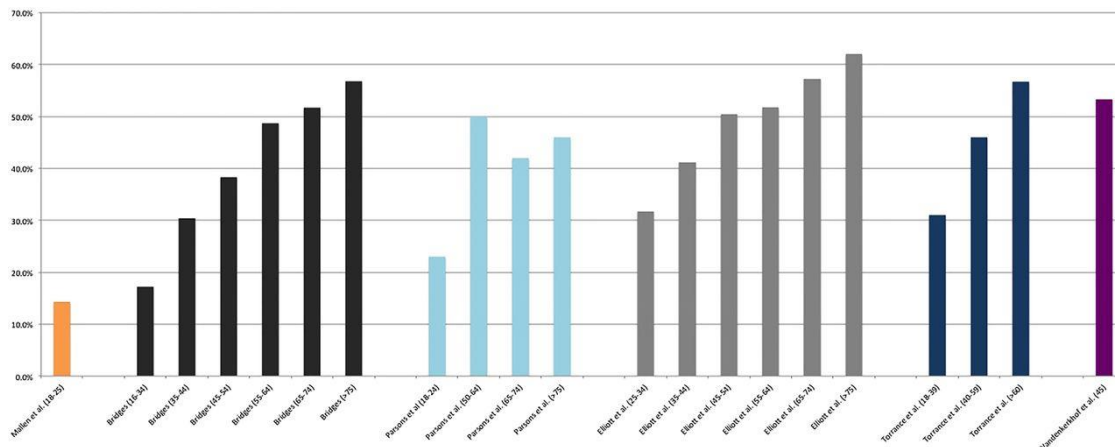
produce how nursing staff feels about and approach pain management when caring for elderly patients. The research questions are related to the common attitudes of registered nurses and the challenges they face to implement effective pain relief methods for elder patients. Therefore, the purpose of this thesis is to explore nurses' attitudes towards pain management in geriatric population and what kind of barriers the nurses face when implementing effective pain management. The aim of this study is to produce how nursing staff feels about and approach pain management when caring for elderly patients.

2. Background

2.1 The Prevalence and Impacts of Pain in Geriatric Population

Pain is the most common conditions among the older adults that affects their physical, psychological and social wellbeing. WHO has highlighted that pain management is a key component of the geriatric pain that has impacts on the mobility, independence and the overall quality of their life. The chronic pain among the elders is often linked to the conditions like osteoarthritis, diabetes and post-stroke problems (Dagnino and Campos, 2022). Below figure shows that the chronic pain is 62% high in people with age group 75 or more while only 14.3% in 18-25 years old.

Figure 1: Graph of Chronic pain prevalence by age



(Fayaz, Croft, Langford, Donaldson and Jones, 2016)

The consequences of the untreated pain are significant as it can have an effect on the physical body or may results in the psychological effects like depression and

anxiety. This creates a cyclical effect in which the unmanaged pain can damage the health of the patient and places more burden on the healthcare systems as well as on the caregivers. As per the United Nations, in 2050 the proportion of the people with the age of 65 will rise from 10% to 16% (United Nations, 2025). So, it is necessary to address the pain of geriatric population because of their growing population.

2.2 Need for Improved Pain Management Practices

The most significant challenge to provide effective pain management to geriatric population are limited resources, systemic barriers and gap in the knowledge (Aldridge et al 2016). Though there are many guidelines as well as tools available for the management of this pain, their application in the real world is quite inconsistent. WHO has focused on a person-centred approach so as to manage the chronic conditions of pain in elderly population This area requires a thorough understanding of the pain physiology, evidence-based interventions and the ability to modify the pain management strategies based on the specific needs. However, due to limited funds, shortage in staff and inadequate training of the healthcare providers the implementation of these strategies gets affected in the long-term facilities. It is necessary to keep a balance between pharmacological and non-pharmacological interventions for the management of pain for geriatric care. While medications like opioids are effective for severe pain but their use on the elderly population is limited due to the fear of addiction, side effects and regulatory policies (Potru and Tang, 2021). On the other hand, non-pharmacological approaches like physical therapy, massage and mindfulness techniques requires time and specialised training. So, it is important to address these gaps with an integrated and evidence-based practices so as to make sure that all residents get effective care (Engle et al. 2021).

2.3 Importance of Attitudes in Nursing Practices

The registered nurses play a very important role to manage the pain for the elderly residents at the old age and nursing homes as they are the ones who are responsible for their pain assessment, interventions and overall care. The attitudes of the nurses towards pain management are significantly influenced by their approach to deliver care (Samarkandi, 2018). It has been seen that the nurses who

has positive attitude towards pain management are more likely to prioritise the comfort of the patients and provide necessary interventions on time. The registered nurses educate the patients about their pain management options and act as a bridge between patients and the healthcare team to ensure that the issues related to pain have been communicated. The key skills of nurses used in this approach are active listening, empathy and open communication to satisfy the patients. The attitude of nurses towards pain management are influenced by the level of knowledge, personal biases and the level of experience (Schreiber et al. 2014). The nurses who are well-informed about the pain physiology and management strategies are more likely to identify as well as address the pain while those who has misconceptions about pain may provide inadequate care. It is necessary to address these attitudes with targeted interventions that not only challenges such stereotypes but also improves their skills to assess pain and promote empathy. It has been seen that training is highly important for the nurses as it helps them to understand the impacts of the untreated pain on the physical and emotional wellbeing of the patients which in turn improve their attitudes (Jonsdottir and Gunnarsson, 2021).

2.4 The Role of Nursing in Pain Management

The registered nurses are the primary caregivers who are responsible for the assessment of the pain, implements treatment plans and monitor the health (Sirsch et al. 2020). However, effective pain management is dependent on the attitudes, knowledge as well as practices of the nurses. It has been shown that the attitudes of the registered nurses can significantly influence the pain assessment, and their decisions related to the interventions. The use of the tools like the Pain Assessment in Advanced Dementia scale (PAINAD) has been recommended for the non-verbal or for those residents who are cognitively impaired. The adoption of such a scale is inconsistent because of the limited training, a smaller number of staff and limited time. It has been found that only a few percent of the nurses were familiar with such types of tools (Minaya-Freire, Subirana-Casacuberta, Puigoriol-Juventeny and Ramon-Aribau, 2021). The balance has to be kept between the pharmacological and non-pharmacological approaches to the pain management, but the nurses face challenges. The negative attitudes and misconception of the nurses related to the pain management needs a culture of empathy and continuous learning to improve

their management practices of the nurses (Vaismoradi, Skär, Söderberg and Bondas, 2016)

2.5 Barriers for Effective Pain Management

There are many systemic and organisational barriers that affect the effectiveness of the pain management strategies for geriatric care. There are many old age and nursing homes that operate with limited budgets that results in the problem of understaffing and inadequate access to medications as well as therapeutic equipment (van Pinxteren, Mbokazi, Murphy, Mair, May and Levitt, 2023). Due to limited time, the caregivers often have insufficient time to carry out a thorough pain assessment or to implement personalised care plans. The organisation policies and practices like outdated guidelines on the pain assessment and treatment can result in poor delivery of care. Some old age, nursing homes and hospitals prioritise cost-saving measures over the health of the patients, which limits the availability of the advanced pain relief options. The gaps in education and training are some of the most significant barriers as there are many nurses who get limited instruction on the geriatric pain management during their education. The nurses may not have knowledge about the specialised assessment tools or those non-pharmacological interventions which are beneficial (Kia, Allahbakhshian, Ilkhani, Nasiri and Allahbakhshian, 2021). The cultural and personal attitudes of the nurses towards the pain management also affects their practices while the unique vulnerabilities like language barriers, cognitive impairments and damaged mobility creates additional challenges in the pain management (Brady, Veljanova and Chipchase, 2017)

2.6 Research Gap

There have been several studies on the geriatric pain management but there are still significant gaps to understand the role that nursing attitudes and systematic barriers plays in the environment to treat geriatric population. The current research usually focuses on the strategies of general management of pain or medical interventions, but they do not properly emphasise on the unique challenges that the nurses faces in the care environment in the long-term. Additionally, the tools and guideline for pain management like the Numeric Rating Scale (NRS) or the PAINAD are available but there are studies that showcases the inconsistent adoption and utilisation of such

guidelines by the nurses (Minaya-Freire, Subirana-Casacuberta, Puigoriol-Juvanteny and Ramon-Aribau, 2021). The highlighted situation raises questions about the underlying factors that significantly influence the attitudes and practices of nurses.

Most of the studies does not include the barriers related to the broader organisational and resources that impact the pain management of elder patients like the limited access to medication, lack of staff, and inadequate training programs. Additionally, the pain management is further complicated by the cultural differences and regulatory constraints especially in the low- and middle-income countries but they still receive insufficient attention in the global research. Therefore, the study wants to address the identified gaps through focus on the relationship between the nursing attitudes, systematic barriers, and availability of resources for geriatric care.

2.7 Significance of the Research

The significance of this research is based on the potential to improve the quality of care for elderly residents through the addressal of critical aspect of geriatric care which is pain management. The prevalent issue among the elderly is chronic pain because it affects the physical, emotional, as well as social well-being of such patients. The pain in older adults even after such outcomes does not get properly diagnosed and treated because of misconceptions, limited resources, and gaps in the healthcare practices (Molton and Terrill, 2014).

The nurses stay in the front of geriatric and therefore they play a pivotal role in the management of pain. The patient results are significantly influenced by the perceptions, attitudes, and practices of the nurses (Hanson, 2014). Hence, it is crucial to understand the factors so as to identify the root causes of inadequate pain management and develop the targeted interventions that can effectively address the issues. This research highlights how important it is to equip nurses with the knowledge, resources, and support that they need to effectively evaluate and manage the pain of elderly residents which would create a culture of empathy and excellence in care. The findings of this study have broader implications for the healthcare and practice because the outcome can help in the development of evidence-based guidelines, training programs, and allocation of resources which can ultimately improve the pain management of geriatric population.

3. Purpose, Aims and Research Questions

Purpose: The purpose of this thesis is to explore nurses' attitudes towards pain management in geriatric population and what kind of barriers the nurses face when implementing effective pain management.

Aim: The aim of this study is to produce how nursing staff feels about and approach pain management when caring for elderly patients.

Research questions:

1. What are the common attitudes of registered nurses toward pain management for elderly residents?
2. What challenges do the registered nurses face when implementing effective pain relief methods for elder patients?

4. Methodology and method

Research Method

A scoping research method will be used in this study to understand the attitudes of the registered nurses towards pain management of geriatric population. A scoping review is a form of qualitative research that systematically maps the present literature on the topic so as to identify the key themes, gaps as well as the areas for further investigation (Peters, Godfrey, McInerney, Munn, Tricco and Khalil, 2020). The systematic review method focuses on specific research questions, but scoping review provides a broader overview of the available data. This method is used because it can summarise the diverse sources like published research, reports and guidelines to understand all the factors that can influence the approaches of the nurses towards pain management in geriatric care.

This qualitative method aligns with the interpretivism research philosophy as both of these shows the importance of subjective meanings and perceptions (Pope and Mays, 2020). This method will be used to collect the data from published research, reports and websites to collect the information on nursing attitudes and pain management. The scoping review would be advantageous for this research as it

would help to highlight the patterns and form themes on the different attitudes of the nurses across various situations. This approach allows the researcher to generate new conclusions from the previous studies, but it may not be specific to the needs. The data can be bias, but the recent trends can be understood from this approach (Peters et al., 2021)

4.2 Data Research and Selection

Data collection

The study has conducted a scoping review where the data has been from peer-reviewed journal articles, reports, professional healthcare guidelines and reputable websites to understand the attitudes of nurses towards the pain management in geriatric care. The databases like PubMed and CINAHL have been used as the sources of data to identify the relevant literature on the attitudes of nurses. The selected sources were systematically analysed to identify the key themes and the main factors. This approach aligns with the nature of this study as scoping review will cover the different perceptions of nursing attitudes and practices. This method is effective for the scoping review as it will provide access to the present knowledge which would allow the researcher to identify the patterns, gaps as well as the main themes. The collection of data is efficient as it does not need time like the primary data and at the same time focuses on analysing the available sources systematically (Benedictine University, 2024).

PIC framework

The PIC framework (Population, Interest, Context) will provide a systematic approach to identify the relevant resources and to make sure that the selected study from the resources aligns with the objectives of this study (Schiavenato and Chu, 2021). This framework will also be used to form a basis of the inclusion criteria and search strategy. The application of PIC to this research is discussed below:

Table 1: PIC Table

Elements	Description	Application to this study
Population	The target group or the population which will be studied.	The registered nurses for those elderly patients who requires pain management.
Interest	The focus or the treatment which will be studied.	The nursing attitudes towards pain management may include their knowledge, perceptions and the way they implement pharmacological and non-pharmacological strategies.
Context	The interventions and barriers will be compared.	The focus will be on elderly care home, institutional policies, availability of resources, knowledge gaps and communication barriers.

Inclusion and Exclusion Criteria

The inclusion and exclusion criteria have been applied to select only the relevant and accurate articles for the study. It will ensure that the integrity of the scoping review is maintained. These criteria will make sure that the selected articles will help to achieve research objectives, and the irrelevant and outdated articles will be excluded. Such criteria table is below:

Table 2: Inclusion and Exclusion table

Inclusion criteria	Exclusion criteria	Rationale
The studies should focus on attitudes of nurses, pain management and challenges in geriatric care.	The studies that do not focus on nurses, pain management and geriatric care.	This is directly relevant to the objectives of the research.
Articles published between 2014 and 2025.	Articles published before 2014	It ensures that the results show the current and updated practices in the pain management.
Articles should be published in English.	The articles other than English language.	Due to the language accessibility, the English articles will be considered.
Peer-reviewed journal articles, official reports, books, non-peer-reviewed articles, blogs, professional healthcare guidelines and websites.	Information from social media posts.	To maintain the credibility and reliability of the data.

Data search

The search for data has been conducted with the help of two major databases i.e. PubMed and CINAHL. These databases have been chosen for their comprehensive source of healthcare related literature and peer reviewed articles. The search terms and Boolean operators has been designed to collect the data from the relevant studies. The table is below:

Table 3: Data search table

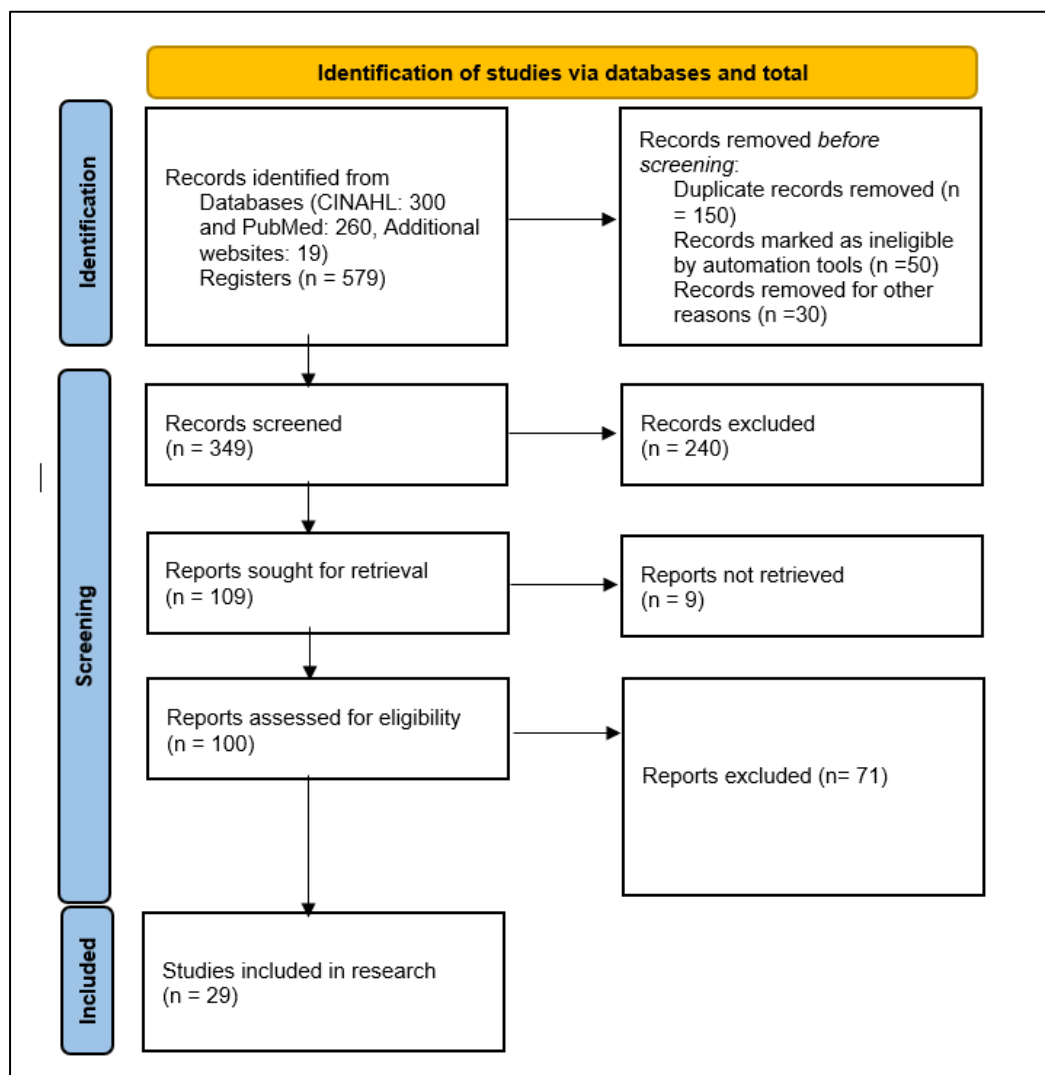
Data bases	Search terms	Number of hits	Selected based on title	Selected based on abstract	Selected based on whole text
PubMed	<p>"Registered nurse's attitudes" OR "Nurses attitudes," AND "pain management techniques," AND "geriatric care"</p> <p>"Pain management" AND "older people pain"</p>	450	100	60	5
CINAHL	<p>"Registered nurse's attitudes" OR "Nurses attitudes," AND "pain management techniques,"</p>	390	70	44	5

	AND "geriatric care" "Pain management" AND "older people pain"				
Total		1310	314	185	10

Prisma Flow Chart

The Prisma flow chart is presented below which has shown the process through which the articles have been selected. The studies have been identified, screened, checked for eligibility and then included.

Figure 2: Prisma Flow Chart



There are 29 studies and additional sources which have been selected for this study to achieve the objectives.

4.5 Data Analysis

The data will be analysed by thematic analysis. This analytical method has been chosen because of its effectiveness in the identification as well as analysis of the qualitative data. This approach aligns with the qualitative nature of the study and aims to understand the attitudes of nurses towards pain management. The thematic analysis provides a strong framework through which the data can be synthesised, and the objectives of the study can be achieved (Kiger and Varpio, 2020). It offers a systematic and flexible approach to get information from the data.

The thematic analysis has been used in the study to examine and synthesise the qualitative data that was collected from the selected articles, reports, and credible websites. The goal was to identify the key patterns and themes that was related to the nursing attitudes and barriers in the management of pain for the elderly. The first step was to read and re-read the selected 10 academic papers and 19 additional credible sources which include the websites, reports, healthcare guidelines, blogs in order to gain in-depth knowledge of the content. There were notes that were taken to highlight the recurring ideas and issues which are related to the pain management, nursing perceptions, policy barriers, and training gaps in the study. The study through the utilisation of the analysis has identified as well as labelled the short codes. For example, the statements about the attitude of nurses related to the level of pain were coded as "age-related assumptions" while the part about restricted opioid was coded as "policy barriers".

The codes were then reviewed and grouped into broader potential themes, for example the codes "lack of nurse education," "misconceptions about opioids," and "inadequate training" were grouped under the theme "Knowledge and Training Gaps." Similarly, the codes like "understaffing," "poor teamwork," and "limited medication" were grouped into "Institutional and Resource Barriers." These themes were checked against the dataset where the irrelevant themes were revised. Finally, the identified themes were structured and written into the results chapter.

The first step would be to review the selected paper in depth and carefully read the studies to get fully familiar about its purpose, methodology, results as well as its limitations. The data from databases and websites would be mapped once the papers have been reviewed, the codes will be made manually with the patterns like "attitudes towards elderly pain," "barriers to pain management," "factors affecting the attitude of nurses", "effective pain management practices", and "resource challenges". The codes will be grouped into broad categories to form specific themes, for example "lack of training" and the specific factors will be made under the themes to make sure that they are relevant to the research questions. The themes will be reviewed carefully to make sure that they cover the main aspect of the research objectives and covers all the complexities of the nurses' attitudes towards pain management in geriatric care.

There are two types of research approach which are inductive and deductive. This study will use inductive research approach to understand the attitude of nurses towards pain management. An inductive research approach starts with the specific observations in which specific patterns are made from these observations to get the data from the already existing theories (Streefkerk, 2023). This research approach will be used in this research to understand how the nurses perceive as well as approach the pain management for the elder residents. This approach is suitable for this research because of the subjective nature of the attitudes and the differences in the experience.

This approach will allow the study to be flexible in the process of the data collection where the focus will be to generate new observations about the effective pain management barriers and the influence of the institutional resources on the practices of the nurses. In this study, the inductive process will analyse the data to identify the specific patterns. For example, the analysis may show that common attitudes like resource limitations or gaps in the training are some of the perceptions that affects their practices. These results will be explained into broader themes so as to achieve the research questions. The study will not use predefined theories rather it will use new theories from the existing research (Kyngäs, 2020). This flexibility is important to capture the different aspect of the nurses' attitudes.

5. Results

5.1 Summary of the selected data

The selected data for this study includes 10 academic papers as well as official reports, non-peer-reviewed articles, blogs, professional healthcare guidelines and websites (as shown in the appendix). to understand the nurses' attitudes towards the pain management of elder residents and the barriers that nurses face when they deliver effective pain relief. The chosen articles are in English and are after 2014 from PubMed, CINAHL while the other reliable sources as shown in the appendix. The methods used in the selected studies are quantitative, surveys, qualitative interviews, data and quasi-experimental studies.

The chronic pain conditions like low back pain (LBP) as well as the breakthrough pain (BTP) are frequently reported among the older adults as Torres, Jiménez, Cabezón and Rodríguez (2018), Stewart Williams et al. (2015) and Wong, Karppinen and Samartzis (2017) reported that these are often underdiagnosed or undertreated due to the misconceptions that pain is a natural part of aging. Stewart Williams et al. (2015) used the survey data from the WHO while Torres, Jiménez, Cabezón and Rodríguez (2018) collected the data from 1868 patients in Spain. De Witt Jansen et al. (2017) and Fry, Chenoweth and Arendts (2016) highlighted that management of pain with those patients that has dementia is quite challenging because of the struggle to communicate the exact level of pain. They and Oldland, Botti, Hutchinson and Redley (2020) have used qualitative interviews with nurses, physicians and caregivers. The interdisciplinary collaboration is weak due to which nurses face difficulties to use better pain relief strategies Brunkert, Simon, Ruppen and Zúñiga (2019). The studies done by Oldland, Botti, Hutchinson and Redley (2020), Tse and Ho (2014) and Brunkert, Simon, Ruppen and Zúñiga (2019) shows that many nurses do not have formal education to treat the pain due to which they rely on personal experience and institutional norms rather than evidence-based practice. This gap in training as shown by De Witt Jansen et al. (2017) and Fry, Chenoweth and Arendts (2016) underestimates the level of pain in patients because the nurses often assumes that the cognitive impairment lower the pain perception.

The emotional and professional experiences also shape the attitudes of nurses where some nurses show greater empathy and responsiveness due to personal connections with patients by (Oldland, Botti, Hutchinson and Redley, 2020). The selected data highlight multiple barriers that prevent the nurses to provide optimal management to geriatric population. The institutional as well as resource related limitations like staff shortages, lack of pain management protocol and limited availability of medicines are identified by Thompson, Doupe, Reid, Baumbusch and Estabrooks (2017), Tse and Ho (2014) and Brunkert, Simon, Ruppen and Zúñiga (2019). Thompson, Doupe, Reid, Baumbusch and Estabrooks (2017) analysed secondary data to collect data while Tse and Ho (2014) used quasi-experimental studies. The regulatory restriction on opioid prescriptions creates challenges as some nurses hesitate to provide strong painkillers due to fear of legal consequences (De Witt Jansen et al. 2017). The importance of goals is shown by Fisher, Bromberg,

Tai and Palermo (2017) who selected 122 adolescent–parent dyads to find that treatment outcomes are more successful when the nurses and patients share the pain management goals. Fry, Chenoweth and Arendts (2016) found that absence of standardised pain assessment tools in the emergency departments can result in inconsistent pain relief.

Besides the above journal articles accessed from PubMed and CINAHL, data from a few reliable sources is also gathered and analysed as part of the scoping review.

5.2 Attitudes and challenges of nurses towards pain management for geriatric care

The belief that pain is a natural as well as inevitable consequence of aging is one of the most misconceptions among the nurses and healthcare professionals. Tse and Ho (2014) highlights that there are many nurses who assume that chronic pain is a normal part of ageing because of which elderly residents also internalise this and avoid to report the pain. Additionally, Thompson, Doupe, Reid, Baumbusch and Estabrooks (2017) states that the older adults who have low expectations about pain relief become hesitant to request analgesics which ultimately strengthen the cycle of under-treatment and suffering. De Witt Jansen et al. (2017) further analyses the manner in which the misconceptions about ageing and pain influence the clinical decisions of nurses. There are numerous nurses who fail to administer appropriate pain relief interventions because of the perception that the pain complaints of elderly patients are exaggerated or expected. On the other hand, the pain management for younger patients is usually prioritised because of the assumption that the pain is more acute and therefore require immediate medical attention.

Additionally, RACGP reports that there are some nurses who believe that the older adults have diminished pain threshold because of which they undervalue the complaints of persistent pain. There is alignment between the outcome and findings from Health Consumers NSW which showcases that the institutionalised elderly patients are usually discouraged to vocalise about pain because it is assumed that pain is an unavoidable part of aging and is not a treatable condition (Health Consumers NSW, 2021).

The patients with dementia because of cognitive impairments usually struggle to verbally express their pain which result in the under detection and undertreatment.

De Witt Jansen et al. (2017) reveals the manner in which the nurses often depend on the verbal communication to assess pain due to that pain gets misdiagnosed or dismissed in non-verbal dementia patients. Whereas Wong, Karppinen and Samartzis (2017) highlights that the tools for standard pain assessment are usually ineffective for patients because they do not capture the non-verbal cues like the facial expressions, agitation, and change in mobility of patients. Therefore, there are many elderly residents with dementia suffer from chronic pain and does not get sufficient relief.

It has reported that the dementia patients in several nurses prescribed sedatives in place of painkillers because the healthcare professionals mistakenly think that the agitation of patients is due to psychiatric distress and not because of untreated pain (Human Rights Watch, 2018). The highlighted practice increases discomfort and lower the quality of life for the dementia patients and therefore reflect the urgent need for specialised training in non-verbal pain assessment. Similarly, RACGP reveals that the dementia patients in nursing home receive significantly less analgesics as compared to the cognitive intact residents which further highlights the gap that exists between the pain management practices for the vulnerable group (RACGP, 2015).

De Witt Jansen et al. (2017) highlights that the experienced hospice nurses have more confidence to administer pain relief as compared to the counterparts in acute and nursing home setting because of their consistent exposure to end-of-life care in which the pain relief is a priority that result in the greater familiarity to the analgesic options and administration techniques. On the other hand, the authors describe the manner in which the nurses who have received mentorship from senior colleagues have more probability to feel empowered to support the stronger protocols for pain management.

On the contrary, Fry, Chenoweth and Arendts (2016) showcases that the emergency nurses especially those who have limited experience are more hesitant to provide opioids to the elderly patients. The primary reason for this is that many of them are overly cautious about the potential side effects like the sedation, respiratory depression, and increased risk of fall. The highlighted reluctance is usually increased

due to institutional policies and fear of disciplinary actions which result in the under-treatment of pain in elderly patients.

The strong emotional bond between the nurses and residents is formed due to long-term nature of geriatric care settings which influences the decisions related to pain management. Thompson, Doupe, Reid, Baumbusch and Estabrooks (2017) highlights that the nurses who work in nursing homes usually develop deep connections with the residents which ultimately affect the nurses' perceptions about the patient suffering. The nurses who feel that they are emotionally attached to the patients have more probability to go for stronger analgesics as well as advocate for better pain assessment tools especially for those patients who have cognitive impairments. De Witt Jansen et al. (2017) discusses that the nurses in palliative and hospice environment frequently struggle emotional distress especially at the time when they perceive that they cannot properly manage the pain of a patient.

There are reports that shares similar findings and highlight the nurses in long-term care usually feel that they are personally responsible for the well-being of residents and therefore nurses more frequently challenge the pain management decisions (Paharia, 2025). However, the highlighted emotional involvement can also create stress and burnout because the nurses also have to struggle with institutional barriers which prevent them to provide the level of care that they believe is necessary for the patient. The RACGP has reported that the facilities which have strong psychological support programs for nurses achieve enhanced pain management practices (RACGP, 2015). Similarly, Brunkert, Simon, Ruppen, and Zúñiga (2019) suggests that the structured sessions for nurses can help to mitigate the emotional distress which ascertain that the professional judgement of nurses is not affected by the personal attachment they have towards patients.

The nurses and caregivers hold misconceptions about the opioid medication as they fear about its overdose, addiction as well as side effects. Wong, Karppinen and Samartzis (2017) highlight that opioids like fentanyl are preferred for those patients who has low back pain but are underutilised due to the issues related to its dependency and respiratory distress. Similarly, Fry, Chenoweth and Arendts (2016) discusses that the registered nurses often hesitate to provide strong analgesics to the elder patients rather they prefer to provide weaker medications due to the policy

restrictions and the fear of the side effects. Due to this the patients are undertreated while they suffer pain for prolonged time. De Witt Jansen et al. (2017) also shows that many nurses' express guilt when they provide opioid because they believe that it may harm the geriatric patients. This stigma is deeply integrated into the ethics of healthcare due to which they are could not manage the pain.

There have been reports that shows how media coverage of opioid misuse has increased the fear of public which has resulted in highly restrictive regulations that prevent the nurse to prescribe adequate pain relief. Many healthcare professionals internalise these fears due to which they make mistakes. The National Institute of Health highlights that stigma can change the attitudes of the nurses because of which empathetic care centres are required for the maintenance of strong patient-clinical relationship (HHS.GOV, 2019). Fisher, Bromberg, Tai and Palermo (2017) showed that those nursing home that has structured pain relief programs show higher rates of opioid administration.

The cultural attitudes towards pain management vary significantly among the elder population which influences the assessment and treatment of pain. Fry, Chenoweth and Arendts (2016) expresses that older Australians tend to underreport their pain as they see pain as a sign of weakness. Stewart Williams et al. (2015) showed that nurses in multicultural care settings struggle to recognise the pain of patients from different ethnic backgrounds because non-verbal pain cues vary in different cultures. It has been reported that the pain assessment tools which are used in Western healthcare systems are not always effective for those patients who culture are different (Nursing Physical Assessment, 2024).

Many standardised pain scales are not responsible for that variation which comes in the expression of pain due to different cultures which ultimately result in misdiagnosis or poor treatment. A report suggests that the nursing homes that has trained registered nurses and have culturally competent staff can achieve better pain management outcomes. There are some cultures that encourages stoicism and may discourage the open expression of pain while other culture may have norms that promote the patients to express their pain (Sussex, 2015).

It has been seen that difference in professional training, hierarchical structures, attitudes of patients, and ineffective communication are some of the factors due to which the pain management process is inadequate for elder patients in nursing home (RACGP, 2015). De Witt Jansen et al. (2017) highlighted that the registered nurses often struggle to obtain prescriptions for pain relief on time as some physicians are reluctant to assess the patient directly. Fry, Chenoweth and Arendts (2016) showed that those nurses that works at emergency department experience challenges to convince doctors to prescribe opioids for geriatric patients. Many junior doctors hesitate to prescribe strong analgesics due to concerns of renal function, liver health and its side effects.

The lack of clear communication between nurses and physicians often results in poor pain management strategies (RACGP, 2015). It has been seen that some nursing homes have strict policies which prevents the nurses to obtain pain relief for patients on time due to which the patients have to suffer. Some nurses also face resistance when they support non-pharmacological interventions as the physicians prioritise traditional pharmacological treatments over alternatives pain management strategies (Brunkert, Simon, Ruppen, and Zúñiga, 2019).

Despite these challenges, many nurses have attitude to actively support for better pain management policies and try to collaborate with physicians. Fry, Chenoweth and Arendts (2016) highlights that some senior nurses use “doctor shopped” strategies to find more cooperative physicians who prescribe adequate pain relief for their patients. The nurses who have built strong professional relationships with certain doctors are often able to overcome the restrictive policies to make sure to provide better pain relief methods. De Witt Jansen et al. (2017) shows that nurses in palliative and hospice settings often engage in collaborative discussions with physicians to develop personalised pain management plans.

NSHCOA reports that nurses who receive training in advocacy and negotiation are more successful to provide better pain management options for their patients (NSHCOA, 2024). The facilities that encourage interdisciplinary communication as well as provide platforms for nurses to express their concerns about the pain treatment tends to have higher patient satisfaction rates. It has been reported that some nursing homes implement nurse-led pain assessment models that allows the

nurses to independently recommend the pain relief strategies. These models bridge the communication gap between nursing staff and the doctors as it ensures that proper pain management strategies have been provided (AHRQ, 2024).

5.3 Barriers to effective pain management for geriatric care

There are many facilities that operates without clear guidelines due to which the assessment and treatment of the pain is inconsistent. Brunkert, Simon, Ruppen, and Zúñiga (2019) highlights that even when pain management guidelines are available, they are not properly utilised because the nurses failed to implement structured protocols. The absence of mandatory pain assessment tools results in untreated or undiagnosed pain (Oldland, Botti, Hutchinson, and Redley, 2020). Thompson, Doupe, Reid, Baumbusch and Estabrooks (2017) discussed about the outdated practices on which the nurses are dependent upon. These practices are ineffective especially for those patients who has dementia or any communication difficulties.

It has been seen that in many long-term care facilities the pain relief protocols are not standardised across different units due to which variation occur in the approaches of treatment. There are some facilities that rely on PRN (as-needed) medication orders where the patients are required to actively request for the pain relief (Department of Health and Human Services, 2022). As many elder residents underreport their level of pain due to cultural beliefs, this approach is ineffective. Tse and Ho (2014) focused on the pain management program (PMP) which are implemented in the facilities to give training on opioid use and pain assessment methods.

Another major institutional barrier that affects the pain management is poor teamwork and communication among healthcare staff. De Witt Jansen et al. (2017) showed that nurses frequently struggle to obtain pain relief on time for their patients due to the lack of response and reluctance of physicians. Many doctors are understaffed because of which they could not regularly interact with the residents. Thompson, Doupe, Reid, Baumbusch and Estabrooks (2017) highlights that due to poor interdisciplinary coordination the nurses are not able to administer certain pain medication without the approval of physicians. The hierarchical systems of many

facilities prevent the nurses to make pain management decision independently which leads to discomfort.

Rosewood nursing (2025) found that high staff turnover and lack of consistency in care contribute to poor teamwork. The frequent change in staff results in inconsistent pain assessment practices as new caregivers are not familiar with the pain histories of the patients. It has been reported that many nursing homes operates without any collaboration with nursing staff and physicians. This practice forces to nurses to depend on trial-and-error approach rather than the evidence-based pain relief methods (The Guardian, 2024).

The most significant barrier to effective pain management is the shortage of essential medications like opioids and other analgesics that are required for pain relief. Fry, Chenoweth and Arendts (2016) discusses that nurses who work in emergency face challenges to obtain opioid prescriptions as physicians often hesitate to authorise them due to issue of misuse. Tse and Ho (2014) highlights that facilities that have no structured medication management protocols often struggle to maintain adequate pain relief stocks due to which nurses have few options.

The U.S Drug Enforcement Administration (DEA) will further lower the supply of prescription opioids like codeine, morphine and oxycodone in 2024 (Anson, 2023). Despite the numerous reports from the patients and healthcare providers about the increasing difficulty to get certain medications, this decision was made due to which many pharmacies had no stocks. Teva Pharmaceuticals stopped the production of Transmucosal Immediate-Release Fentanyl medicines which are primarily used to manage the pain for the cancer patients (Anson, 2024). This step has forced the FDA to stop the program that supplied the Transmucosal Immediate-Release Fentanyl medicines to approximately 150 patients. This shows the vulnerability of pain management protocols related to the pharmaceutical supply decisions.

De Witt Jansen et al. (2017) highlights that there are a smaller number of senior and experiences nurses while Tse and Ho (2014) discussed how high nurse-to-patients ratio increases the response time for pain assessments as well as delays the administration of the medicines. Wong, Karppinen and Samartzis, D (2017) showed that older adults with low back pain often experiences problems due to overburdened

and understaffed homes. This is further intensified when the pain of nonverbal patients has to be assessed as it requires more time as well as expertise.

The facilities that operate under a smaller number of licenced nurses results in high nurse-to-residents ratios. This imbalance results in excessive workloads which eventually limits the time and attention of the nurses to a particular patient. A significant proportion of registered nurses feels burnout and dissatisfied with their job because of which they leave within a year (Munday, 2023). Due to the lack of staff, the responsibilities of pain management go to less qualified personnel which can adversely affect the wellbeing of the patients.

Fry, Chenoweth and Arendts (2016) highlights that many nurses depend on physiological indicators like heart rate, blood pressure and respiratory rate to infer the level of pain in the nonverbal patients. However, these indicators are not always reliable because these can also be influenced by some other medical conditions, stress or by some medications. Thompson, Doupe, Reid, Baumbusch and Estabrooks (2017) discusses that nurses often have to interpret the pain based in the facial expression, body language and behavioural changes which can lead to misinterpretation and undertreatment of pain.

Fry, Chenoweth and Arendts (2016) highlighted that traditional pain scales like numerical rating scales (NRS) and verbal analogue scales (VAS) are often ineffective for geriatric patients. Wong, Karppinen and Samartzis, D (2017) highlights that specialised pain assessment tools like PAINAD and Abbey Pain Scale have been developed to assess the nonverbal pain. It has been seen that many geriatric care facilities do not have mandatory pain assessments protocols for nonverbal patients due to which their pain is not treated. The nurses with limited training in nonverbal pain assessments struggle to differentiate between pain related distress and behavioural symptoms of dementia because of which they provide inappropriate treatment approaches Fry, Chenoweth and Arendts (2016) showcases that nurses rely on the handwritten documentation which increases the risk of incomplete or lost record. The nurses who work in emergency environments find it difficult to properly evaluate pain in the dementia patients because they do not have standardised screening tools and documents which result in the inconsistent approaches for treatment. The nurses have reported that they feel unequipped to interpret the non-

verbal pain indicators due to which they have to rely on family members or caregivers to describe the usual pain responses of the patients.

It has been seen that inconsistent documentation can result in poor care because essential information about the pain of residents is lost. A report showed that solutions to pain management requires constant coordination among nurse administrators, leaders and physicians in order to promote quality initiatives for safe pain management (Joint Commission, 2018). The implementation of digital pain documentation systems has been seen to improve the outcomes of pain management. The Electronic Health Records allow the nurses to track the pain history, medication responses and follow-up treatments of patients (Matellio, 2024).

Tse and Ho (2014) highlights that many nurses receive minimal pain management training during their initial education as some has reported that they are only exposed to the on-the-job learning rather than on some structured courses. The researchers have even discussed about the training programs, but they are either expensive or inaccessible due to a smaller number of staff. De Witt Jansen et al. (2017) states that many nurses that work in hospice, acute care and nursing home settings gets insufficient training in pharmacology. This knowledge gap leaves many nurses less competent to recognise as well as treat the pain more effectively.

The lack of education can also result in inadequate pain control as many nurses may not be aware about the latest pain management protocols or geriatric population. The Agency for Healthcare Research and Quality highlights that pain in nursing homes is often under recognised, under reported or under treated as 84% (AHRQ, 2024). The CSPMS highlights that the facilities which have strong mentorship programs faces fewer instances of under-treated pain because the nurses feel more confident to escalate pain concerns to the physicians (CSPMS, 2021).

Tse and Ho (2014) highlights that the nurses get less formal training on alternative pain relief methods as most educational programs focuses on basic pharmacology rather than holistic pain management. This lack of training results in underutilisation of good non-pharmacological strategies like guided imagery, physical exercise and music therapy which could significantly benefit the geriatric population. Torres, Jiménez, Cabezón and Rodríguez (2018) highlighted that the non-pharmacological

interventions like physiotherapy, transcutaneous electrical nerve stimulation (TENS) and local anaesthetic injections are not used. Only 56% of the patients get non-pharmacological treatments while other is limited due to less understanding of such treatments.

The Health and Disability Commissioner of New Zealand reports that due to funding limitations in aged care facilities the specialised therapists like physical therapists and psychologists have limited access (Ministry of Health, 2020). Without proper institutional support, nurses may have less confidence or resources to apply non-drug therapies more effectively. The non-pharmacological pain management also includes a variety of techniques like comfort therapy, occupational therapy, psychosocial counselling, neurostimulation. These methods can be particularly beneficial for the elder residents who may be more susceptible to the side effects of the heavy medication (Stanford Medicine, 2024). However, a lack of proper education and training in such approaches can result in underutilisation. The nurses may not be fully aware of the different non-pharmacological therapies due to which more targeted educational programs are required.

6. Discussion of result

The findings of this study have provided details about the attitudes of the nurses towards pain management in geriatric care and the systemic barriers that affect the nurses to effectively implement pain relief strategies. These results align with those pain issues that are faced by elderly population and the need to address the gaps in the geriatric care. The section of results has mainly discussed the two themes which have directly addressed both of the research questions. The relationship between the attitudes of nurses, institutional limitations, less resources and perceptions of the nurses have been observed in the results.

A predominant theme in the results is the misconception of the nurses related to the pain in older adults. It has been seen that many nurses think that pain is an inevitable consequence of aging because of which they sometimes underassess or undertreat the older patients. This attitude is discussed by Tse and Hoo (2014) and Thompson, Doupe, Reid, Baumbusch and Estabrooks (2017) who highlighted a

cycle where the elder patients do not report the level of the pain they are suffering. Such findings match with the viewpoint of society related to ageism where the pain in older adults is perceived as a natural phenomenon rather than a treatable condition. It has been seen that a patient with dementia are frequently misdiagnosed or prescribed sedatives instead of analgesics mainly because the hospitals are heavily dependent on verbal communication to assess the level of pain.

This aligns with De Witt Jansen et al. (2017) who highlighted that non-verbal pain cues like agitation or changes in mobility are often neglected due to which the vulnerable patient lives with pain. This normalisation of pain in geriatric care has not only compromised the wellbeing of the patient but also shows issues as well as gaps in education and training. The nurses do not have formal training on geriatric-specific pain assessment tools like PAINAD or Abbey Pain Scale due to which they provide inconsistent care. These attitudes as per Stewart Williams et al. (2015) are intensified by cultural biases where stoicism in certain culture discourages the patient to express their pain due to which the nurses misinterpret the non-verbal cues. So, these findings highlight that attitudes of nurses are shaped not only by personal beliefs but also by the gaps which is present in their professional training and institutions.

The second research question focussed on the challenges that nurses face when they implement effective pain relief practices. The institutional barrier such as the absence of standardised protocols creates inconsistencies in care. For example, orders for PRN medication places burden on the patient to request for relief because of which they underreport their pain. Similarly, Brunkert, Simon, Ruppen, and Zúñiga (2019) identified that there is an inconsistent adoption of evidence-based guidelines due to the small number of staff and limited time. The shortage of staff has emerged as a critical issue because high nurse-to-patient ratios limits the time of nurses to thoroughly assess any patients. This aligns with Wong, Karppinen and Samartzis (2017) who highlighted those overburdened nurses who are in the understaffed facilities faces problems to address chronic conditions like low back pain which in turn increases the pain. Another challenge that has emerged in the findings are limited resources which have been intensified by regulatory restrictions on opioids. As reported by Anson (2023) the supply of the opioids got reduced which has

significantly affected the geriatric patients. This has forced the nurses to limit the use of analgesics or to use fewer effective alternatives. Such a type of limitation is intensified by low resources as due to limited funds and training gaps the adoption of non-pharmacological therapies like physical therapy or mindfulness techniques is also affected. These findings match with van Pinxteren, Mbokazi, Murphy, Mair, May and Levitt (2023) who highlighted that healthcare systems prioritises cost-cutting measures over the health of the patient.

The communication barrier between nurses and physicians further creates issue in proper pain management. The hierarchical structures in healthcare often avoid the voice of nurses which eventually delays the time for intervention. Fry, Chenoweth and Arendts (2016) highlighted examples when emergency nurses hesitated to show support for opioids due to the fear of physicians. This imbalance in power where physicians are not fully familiar with the pain history of the patients and the nurses are not included in the process of decision making create problems. However, De Witt Jansen et al. (2017) also showed that senior nurses in the palliative care settings often avoid the bureaucratic issue with the maintenance of collaborative relationships with the physicians. These dynamics highlights that effective pain management not only requires institutional reforms but also shift in the culture to empower the nurses.

The emotional state of the nurses also influences the pain management as per the findings of this research. The nurses often form deep bonds with the residents which not only result in empathy but also high emotional attachment. While this connection can motivate them to provide better pain relief strategies as shown by Thompson, Doupe, Reid, Baumbusch and Estabrooks (2017) it also results in burnout. This burnout mainly happens when institutional barriers prevent the nurses to deliver desired level of care. This duality creates tension in the sector of healthcare because it rises a risk for occupational stress. RACGP (2015) showed that psychological support programs have improved the pain management outcomes which suggest that the wellbeing of nurses are important for high-quality of care.

So, it is clear that the attitudes of nurses and systemic challenges are deeply related. The misconception about pain is reinforced by inadequate training while the resource limitation affects the thorough assessment. The cultural biases and communication

gaps further lower the quality of care. The results also highlight opportunities for improvement as the facilities with structured training programs, nurse-led models and interdisciplinary collaboration can provide better outcomes. The healthcare system should acknowledge and listen to the voice of nurses to provide better geriatric care.

7. Ethics and Validity

This study has adhered to the ethical principles and all the essential methodological standards in order to maintain the integrity and credibility of its findings. As the scoping review is fully dependent on secondary data, the peer reviewed articles, reports, guidelines and websites have eliminated the risks of confidentiality which are associated with the collection of primary data. The inclusion criteria have prioritised peer reviewed articles from 2014 to 2025 in order to maintain relevance and reliability while the exclusion criteria have removed the non-English papers and non-academic materials so as to protect the research from biases. The transparency was kept through the PRISMA flowchart which has undergone a systematic screening process to make sure that selection bias is minimum.

The validity of the research was kept by the use of established frameworks like the PIC framework. This framework has also helped to align this research with its objectives. The thematic analysis allowed this study to discuss the patterns of attitudes as well as barriers related to the nurses. However, the dependence on published literature may have introduced bias as the studies with significant or positive findings are more likely to be used. The cultural and regional differences in the practices of pain management may not be fully represented as it has been seen that some papers were from high-income countries. To enhance the validity of this study, different sources have been used to collect the data. 10 peer reviewed articles journal articles, official reports, non-peer-reviewed articles, blogs, professional healthcare guidelines and websites have been used to increase the validity of this study. The misconception of the nurses about pain for example has been supported by different qualitative studies, reports and websites. The themes have been developed through proper codes and categorisation which has made sure that the conclusion is based on the data rather than the fixed assumptions. The study has

accurately cited the sources and has correctly used the findings of the selected studies. Through no direct ethical approval was required for this study but the principles of academic honesty, accountability and fairness has been kept (Gupta and Mishra, 2024).

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Appendix

Annotation of additional websites, reports and healthcare guidelines:

Source Name	Year	Key Information in Results Chapter
1. Health Consumers NSW	2021	This report has used to discuss ageism in healthcare as well as its impact on the pain management for the elderly population. It has also highlighted biases that lead to inadequate treatment of pain in older patients. The report highlights that due to ageism the pain is underreported and undertreated among elderly patients. The attitudes of ageist contribute to that misconception is that pain is a normal part of aging which in turn results in inadequate pain assessment and management. These insights were used in the discussion which showed in the way in which the institutional biases and ageist perceptions can affects the pain management practices in geriatric care.
2. Human Rights Watch (HRW)	2018	It has provided reports on overmedication of dementia patients in nursing homes which leads to sedation rather than proper pain relief. It raises ethical concerns due to the high dependency on pharmaceuticals. The report uncovers that the nurses in the U.S. frequently administer antipsychotic drugs to those patients who has dementia without any proper diagnoses because their aim is to sedate rather than treat the conditions. Such a type of practices violates the rights of residents and often does not allow to provide adequate pain management strategies. This information is utilised to highlight the ethical concerns of the drugs over appropriate pain relief measures in geriatric care.
3. Paharia	2025	This website has been used to describe the role of nurses in pain management which includes advocacy, patient assessment, and ethical treatment. It has emphasised the duty of nurses in geriatric pain care. The nurses have a duty to advocate for patients as well as to make sure that

		they receive appropriate care and pain management. They build emotional connections with the patients so that the care quality can be enhanced but it may also lead to emotional strain. These points have been used to underscore the dual nature of nurse-patient relationships which in turn highlights the importance of advocacy in the pain management.
4. HHS.GOV	2019	It is healthcare guideline which has provided best practices in the pain management and showed that the role of multimodal approaches rather than reliance on opioids. It supports integrative and personalised care strategies. The report addresses there has to be a balance between pain management and risk mitigation practices because of the opioid misuse. It supports the use of multimodal pain management approaches which integrates the pharmacological and non-pharmacological treatments. This insight has been used to explain how the fears related to addiction can influence the behaviours of the nurses due to which they may provide inadequate pain relief measures.
5. Nursing Physical Assessment	2024	This has listed various pain assessment tools which are used in geriatric care. It has also emphasised the importance of the selection of the age-appropriate pain scales for more accurate diagnosis. The standard pain assessment scales may not be as effective across the diverse cultural backgrounds. This focuses on the development of different assessment methods that are responsive to those cultural differences which is found to express the pain level. This source supports the argument which has been used to show the way in which the culturally sensitive pain assessment tools can improve the accuracy.
6. Sussex	2015	This website has provided information which is used to write about the cultural differences in pain perception and communication. It has discussed how elderly patients from different backgrounds may express different level of pain.

		<p>The expression of pain and communication is significantly different across different cultures which affects the way patient report and interpret. The misunderstandings due to the cultural differences can lead to misdiagnosis or inadequate pain management. This information supports the section of nurse's attitudes where it provides examples of the way in which the cultural perceptions can influence the pain management practices.</p>
<p>7. RACGP (Royal Australian College of General Practitioners)</p>	2015	<p>This reviewed pain management in aged care facilities in which the inconsistencies in medication use and the lack of standardized treatment approaches has been pointed out. This challenges the belief that pain is an inevitable part of aging while it supports proactive management. It highlights the importance of interdisciplinary collaboration as it can be used to manage the pain more effectively in geriatric care. These insights were used to show the need to address the misconceptions as well as to promote the role of teamwork.</p>
<p>8. NSHCOA (National Society of Health Coaches)</p>	2024	<p>This website has helped to highlight the importance of advocacy so that nurses can manage the pain in older adults more effectively. It has discussed the ethical and patient-centred approaches. The nurses who are trained in advocacy can provide more appropriate pain management interventions to the patients than the ones who are not. This education empowers the nurses to challenge the inadequate practices and to advocate for the changes that needs to be done in policy. This source underscores the positive impact of the advocacy training on the ability of the nurses to improve the overall pain management outcomes.</p>
<p>9. Department of Health and Human Services</p>	2022	<p>This report has allowed to focuses on unnecessary medications which are used in old age home and nursing homes while the need for non-pharmacological pain management strategies has also been emphasised. This report focuses on the overuse of unnecessary</p>

		<p>medications especially those which are not aligned with the person-centred care. It highlights the way in which the antipsychotics and sedatives are frequently administered instead of the more targeted pain medication. It also criticises PRN prescriptions that depends on the request of patient as these are ineffective for the non-verbal or demented residents. This source strengthens the argument that outdated protocols as well as passive approaches are inadequate for the management of pain.</p>
10. Rosewood Nursing	2025	<p>This website has helped to provide details on specific pain management protocols like alternative therapies and staff training for the nurses. This share those insights that can be used to show the way in which the real-world practices can manage the pain of elders. It describes the importance of individualised care plans, current assessments, and the use of both pharmacological and non-pharmacological methods. The facility promotes regular staff training as well as highlights the use of team-based approaches so that the care quality can be improved. This source supports the idea that those facilities which have well-defined pain protocols and staff engagement get better pain outcomes.</p>
11. The Guardian	2024	<p>This shows the concerns about the use of antidepressants for pain relief in older patients as well as highlighted to review the prescribing guidelines. This article reports those concerns which have been raised by the experts about the use of antidepressants for the treatment of the pain in older adults. It tells that there is no sufficient evidence for its effectiveness so the national prescribing guidelines should be revised. It also suggests that the use of off-label may result from inadequate training or resource limitations. This source shows the way in which the poor prescribing practices influences the systemic issues which should be replaced by the evidence-based practices.</p>

12. Anson	2023	This website has helped to discuss the drug shortages and their impact on the pain of elder patient. It has helped to write about the difficulties which have been faced to access the opioids for pain relief. This article discusses the issue of opioids shortages as well as the challenges this poses for the patients that has pain. The older adults still face problems to get access to the essential medications due to policy restrictions and the prescribing habits of the physicians. The article is used to highlight the way in which the policies allow opioid use, but its access is limited.
13. Munday	2023	This website is used to highlight the issue of understaffing as well as its effects on proper pain management. This has lowered the quality of pain assessment and treatment. This source highlights the shortage of nurses and the manner in which it affects the ability of the nurses to respond to the needs of the residents. It explains how the issue of staff burnout, high turnover, and time constraints delays the assessments. These findings have been used to provide direct evidence of the way in which the workload can compromise the responsiveness of the nurses to pain while it also results in inconsistent documentation and follow-up.
14. Joint Commission	2018	It reviews the pain management standards which are used in healthcare settings. The main focus is given on the need for evidence-based treatment plans and regulatory compliance to promote quality initiatives. This highlights the need for present pain assessment, individualised treatment, and appropriate documentation. It showed that the role of healthcare organisations is to support the staff through clear policies and documentation tools. This source showed that even guidelines exist, but they are not properly implemented in the practice. It shows how better compliance with these standards could fill the gaps in pain care and can reduce the disparities in the treatment.

<p>15. Matellio</p>	<p>2024</p>	<p>This website been used to write about the role of EMR (Electronic Medical Records) software to improve the pain management documentation and for follow-up in geriatric care. The article focuses on EMR and the way in which the digital platforms can be used to improve the pain management in healthcare. It helps to track in a better way, alert the staff, and allows to communicate consistently among staff. It outlines the advantages of the integration of EMR while the blog recommends to shift the focus from manual to electronic documentation as this would reduce the oversight and improve the continuity of the care. It shows the power of technology which can empower the nurses to act quickly and accurately.</p>
<p>16. AHRQ (Agency for Healthcare Research and Quality)</p>	<p>2024</p>	<p>This report has used to discuss the quality improvement strategies for pain management as well as highlighted the gaps in current protocols of nurses. This reports that 84% of the pain which is experienced by the older patients goes underreported or untreated. This point out that insufficient staff training, ineffective communication, and inadequate assessment protocols are some of its causes. These statistics have been used to highlight the way in which the large-scale systemic issues can directly impact the pain outcomes. This supports the arguments around the training as well as the communication issues.</p>
<p>17. CSPMS (Core Standards for Pain Management Services)</p>	<p>2021</p>	<p>It has used to write to recommend integrated approaches that has considered both pharmacological and non-pharmacological treatments while the core standards for pain management have also been discussed. This healthcare guideline encourages the use of multidisciplinary approaches, advocates for mentorship programs, and shows the role of psychological support into pain care. It also underlines that the staff has to be competent in communication. This source supports the argument that are related to the mentorship and continuous education. It also provides a proof</p>

		that there is a need for emotional intelligence and collaborative practice in the geriatric care.
18. Ministry of Health	2020	It has provided a review of the healthcare system as well as its approach to pain management in geriatric care. This has used in policy recommendations. The report highlights the system-level barriers like the limited access to health services, funding shortages, and uneven care systems which leaves the gaps to treat the pain. It supports for the use of integrated community care models as well as the need for more equity-focused funding. This source underlines that limited access to the physical and psychological therapies can prevent the implementation of best practices so the structural issues like resource inequality should be addressed in care.
19. Stanford Medicine	2024	This website been used to write about the non-pharmacological pain management strategies such as physiotherapy, acupuncture, and mindfulness for geriatric care. This website outlines those non-drug therapies like acupuncture, exercise therapy, massage, mindfulness, and behavioural interventions which are highly effective for those older adults who have chronic pain. It highlights the role of individualised care plans as well as the benefits which are present if the dependency for the medications are reduced. The source supports the role of alternative treatments as well as supports to combine the physical and mental health strategies in the pain management practices.

Annotation of 10 selected articles:

Author/s , Year, Country	Topic / Title	Methodology and Methods	Participants	Main Outcomes	Limitations
Torres et al. 2018 Spain	Prevalence and Characterization of Breakthrough Pain Associated with Chronic Low Back Pain in the South of Spain: A Cross-Sectional, Multicenter, Observational Study	The study has employed a cross-sectional design (Quantitative study) to assess the prevalence and characteristics of breakthrough pain in the Pain Units of hospitals in Andalusia and Melilla.	1,868 participants with CLBP of which 295 experiences breakthrough pain. The majority (75%) were older than 50 years.	The prevalence of breakthrough pain in the patients with CLBP was 37.5%. the most commonly used opioid for breakthrough pain is Fentanyl in which nasal administration is preferred more. The high compliance rates were seen for both breakthrough and chronic pain with 46.3% of patients were highly satisfied.	The cross-sectional design prevents the study to establish causal relationships. The self-reported data may have bias and the study is geographically limited to Andalusia and Melilla which limits the generalisability of the results. There are some variables like comorbidities which were not fully coded or have been evaluated. This affects the accuracy of the data.
Stewart Williams	Risk Factors and	This cross-sectional study	The study analysed	The prevalence of back pain	The cross-sectional design

<p>et al. 2015 South Africa, China, Mexico, Russia, India and Ghana</p>	<p>Disability Associated with Low Back Pain in Older Adults in Low- and Middle- Income Countries. Results from the WHO Study on Global AGEing and Adult Health (SAGE)</p>	<p>has used the national survey data which have been collected from adults of age 50 years and older in the 6 low- and middle-income countries. The multivariable regression analyses were used to identify the risk factors related to the back pain. The Global Physical Activity Questionnaire (GPAQ) was used to measure the physical activity and Disability Assessment Schedule of WHO was used to measure disability.</p>	<p>30,146 respondents from 6 low- and middle- income countries of age 50 or above.</p>	<p>were different across the countries where Russia had 56% while China only had 22%. The factors like lower education, gender, lower wealth and various chronic conditions were associated with the back pain. Around 8% of respondents reported intense back pain.</p>	<p>limits the interpretations. The study relies on self-reported data which may results in heterogeneity and biasness. The measurement of physical activity may underestimate the activity level which is important in the rural areas of selected countries.</p>
<p>De Witt Jansen et al. 2017</p>	<p>Nurses' experiences of pain managemen t for</p>	<p>The study employed a qualitative research design in which it</p>	<p>A total of 24 registered nurses participated in the study from</p>	<p>The study identified that the challenges in the administration of</p>	<p>The sample of the study may not be fully representative due to the self-</p>

United Kingdom	people with advanced dementia approaching the end of life: a qualitative study	utilised the semi-structured interviews in order to understand the experiences of nurses managing pain in patients who have advanced dementia. The thematic analysis was conducted in nursing homes and acute care hospitals. The data were analysed using NVivo software.	3 hospices, 2 acute care hospitals and 10 nursing homes in Northern Ireland. The participants were mainly female with the average age of 36.8 and 13.8 years of experience. The sample had nurses from diverse backgrounds.	analgesia, the nurses and physicians relationship. The main challenges was that patients refuses to take medicines and other issue us with administration routes. The nurse and physician relationship is positive in hospices while in acute care hospitals and nursing homes the experiences were mixed.	selecting nature of the participants. This may have attracted those nurses who are comfortable with the discussion of their experiences.
Oldland et al. 2019 Australia	A framework of Nurses' Responsibilities for Quality Healthcare - Exploration of Content Validity	The study employed a three-phase methodology in which the phase 1 included the professional practice framework, phase 2 was of 10 focus groups that have 74	The study included 74 registered nurses from the various hospitals and all of these has enrolled in the postgraduate nursing courses. The participants	The study has identified the seven domains in the professional practice framework which are the management of the environment, promotion of	However, the study is limited by the sample of nurses who are predominantly from the acute care environments as well as the use of focus group may have encouraged the socially

		<p>registered nurses in order to explore the validity of the content, and the phase 3 involved a literature review so as to ensure the currency framework. The focus group responses validated these domains and reflected the perceived roles of the nurses in the healthcare quality.</p>	<p>were selected because of their active involvement in the acute care practice in order to enhance their relevance to the study.</p>	<p>safety, evidence-based practice, medical and technical competence, person-centred care, positive interpersonal behaviours, and clinical leadership and governance.</p>	<p>desirable responses. Additionally, the framework was developed from the practice standards of limited number of countries which does not comprehensively capture the global nursing practices.</p>
<p>Wong Karpine n and Samartzi 2017</p>	<p>Low back pain in older adults: risk factors, management options and future directions</p>	<p>The study conducted a review of existing evidence on low back pain in older adults with the age of 60 or above. The research summarised the causes, treatment challenges, risk factors and</p>	<p>The review included studies on older adults aged 60 years and above with low back pain. The review considered populations from multiple studies with different characteristics.</p>	<p>The review found that the older adults are more susceptible to severe as well as chronic low back pain due to the pathologies like spinal infections, tumours and lumbar spinal stenosis. The age-related</p>	<p>The review did not include the numerical data as it relied on the pre-existing studies which might have introduced selection bias. The lack of standardised criteria across the studies could have affected the generalisability of</p>

		assessment issues. It also explore the future research directions on personalised and cost-effective of low back pain.		changes such as inactivity, spinal degeneration and comorbidities significantly affects the low back pain.	the conclusions. The complexity of the factors on the low back pain of older adults may limit the clarity of the recommendations which is provided for specific treatment.
Thompson et al 2017 Canada	Pain Trajectories of Nursing Home Residents Nearing Death	The study conducted a primary analysis of the Resident Assessment Instrument-Minimum Data Set (RAI-MDS) 2.0 data which was collected as part of the Translation Research in Elder Care (TREC) program.	The study involved 962 nursing home residents who passed away between the year 2007 and 2012 from 27 urban facilities in Western Canada. The group included those residents who had at least three MDS assessments and were categorised on the basis of their cognitive performance.	The findings of the study highlighted that 60% of the residents the consistently low pain whereas 34% of the residents reported moderate or severe pain. Additionally, only a small portion of 5% experienced improvement in pain.	The study relied on the RAI-MDS data which can underreport pain for the cognitively impaired residents and can limit the findings of the study. The pain fluctuations between the 90-day intervals of assessments were also not captured and therefore the data cannot be generalised for the residents who have short nursing home stays.

Fisher et al. 2017 United States	Adolescent and Parent Treatment Goals in an Internet-Delivered Chronic Pain Self-Management Program: Does Agreement of Treatment Goals Matter?	The study used a randomised controlled trial to understand whether adolescent-parent agreement improves the chronic pain of adolescents. The parents and adolescents chose from the predefined list of treatment goals. The program mainly consist of eight modules focused on self-management, coping strategies and pain education.	A total of 138 adolescent-parent dyads took part in the study. The adolescents were aged 11-17 who experienced chronic pain from more than 3 months. They have been recruited from 14 paediatric clinics across North America where 92% parents were females and most were married.	The study found out that the agreement on at least one treatment goal was associated with lower pain intensity. One or more treatment goal have been agreed by 74 dyads which were going to sleep, sports and school. It was found that those dyads who choose physically active goals like sports experienced better results.	The use of predefined list of treatment goals may have restricted the personalisation of the goal. The study fails to assess the chances dyads had while selecting their goals which could have affected the results interpretation. The sample size were small which means that the findings are preliminary.
Tse and Ho.2014 Hong Kong	Enhancing Knowledge and Attitudes in Pain Management: A Pain Management Education	The study utilised a quasi-experimental pretest and post-test design in order to evaluate the effectiveness of an 8-week Pain Management	There were total of 88 healthcare providers from 4 nursing homes who participated in the program. The sample include the	The study showed a significant improvement in the knowledge and attitudes of the participants in which correct responses increased from	The quasi-experimental design has limited the generalisability as there were no control group in the study. Additionally, the knowledge

	Program for Nursing Home Staff	Program (PMP) that has the aim to improve the knowledge and attitudes of the nursing home staff towards the pain management. The data collection was facilitated through the Knowledge and Attitudes Survey of the Nurses regarding the Pain Chinese version (NKASRP-C) administered before and after the program.	registered nurses, enrolled nurses, health workers, and personal care workers.	7.9 ± SD 3.52 to 19.2 ± SD4.4 (p < .05) after the PMP. The study observed notable gains in the pain assessment and non-pharmacologic pain management strategies.	improvements were more pronounced in the non-pharmacologic areas which left gaps in the understanding of pharmacologic interventions.
Brunkert et al. 2019 Switzerland	Pain Management in Nursing Home Residents: Findings from a Pilot Effectiveness-	The quasi-experimental pilot study used a hybrid II design that assessed the effectiveness as well as the implementation of the pain	The study involved 62 long-term nursing homes residents of age 65 or above who were experiencing pain at baseline and 61 were care	It was found out that average and worst pain of residents were significantly improved. The average pain intensity reduced from 3.6 to 2.6 at 3 months. The	The study had a small sample size and was conducted in only 4 nursing homes which in turn limited the generalisability. The non-randomised design and lack of control groups

	Implementa tion Study	management in different levels.	workers. The data was collected at 3 and 6 months with questionnaire.	care workers reported that 70% found the guideline practical while 76% already knew about the guideline. However, there were no significant changes in the interference from pain.	lowered the validity of the study. The self- reported data from the care workers might have introduced biasness.
Fry, Chenow eth and Arendts. 2016 Australia	Assessment and manageme nt of acute pain in the older person with cognitive impairment: A qualitative study	This qualitative study used interviews of focus groups to study the perception of emergency nurses for managing cognitive impairment, especially those with long bone fractures.	80 emergency nurses participated in 16 focus groups across 4 emergency departments in metropolitan, Australia. The majority of the participants were female i.e. 84% with an average of 12.5 years experiences as registered nurse as well as 8.6 years of experience in	The study showed that nurses were good at pain management but they faced challenges in the cases of cognitive impairment. The pain assessment tools were inadequate for this population. It was observed that nurses balances the pain with the risk of over medication. The	The study was limited by the biasness in the focus groups as here participants many dominate and the result of the study may be generalised. The unique challenges of emergency care makes it difficult to apply the results to other health care situations.

			emergency department.	decisions related to analgesic were complicated by the age-related physiological changes. The study found that the policy barriers has limited the pain relief initiative of nurses for the older patients with cognitive impairment.	
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